

BEST AVAILABLE COPY

CLASS 10				CLASS 9			
IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
1		1		1		1	
2		2		2		2	
3		3		3		3	
4		4		4		4	
5		5		5		5	
6		6		6		6	
7		7		7		7	
8		8		8		8	
9		9		9		9	
10		10		10		10	
11		11		11		11	
12		12		12		12	
13		13		13		13	
14		14		14		14	
15		15		15		15	
16		16		16		16	
17		17		17		17	
18		18		18		18	
19		19		19		19	
20		20		20		20	
21		21		21		21	
22		22		22		22	
23		23		23		23	
24		24		24		24	
25		25		25		25	
26		26		26		26	
27		27		27		27	
28		28		28		28	
29		29		29		29	
30		30		30		30	
31		31		31		31	
32		32		32		32	
33		33		33		33	
34		34		34		34	
35		35		35		35	
36		36		36		36	
37		37		37		37	
38		38		38		38	
39		39		39		39	
40		40		40		40	
41		41		41		41	
42		42		42		42	
43		43		43		43	
44		44		44		44	
45		45		45		45	
46		46		46		46	
47		47		47		47	
48		48		48		48	
49		49		49		49	
50		50		50		50	
TOTAL DEF.				TOTAL DEF.			
TOTAL IND.				TOTAL IND.			
TOTAL				TOTAL			
CLASS 10				CLASS 9			

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	
APPLICANT(S)	10/566289
SERIAL NO.	
FILING DATE	

CLAIMS